

7-26-05

AT/3623

PATENT
Attorney Docket No.: 9D-EC-19348 JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ruppelt et al.
Serial No.: 09/480,589
Filed: January 10, 2000
For: METHOD, SYSTEM AND
PROGRAM PRODUCT FOR
ON-LINE SERVICE CALL
SCHEDULING
Group No.: 3623
Examiner: Van Doren, Beth

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
- Amendment in Response to the Final Office Action dated February 25, 2005 (27 pgs.)
 - Amendment Transmittal (3 pgs., *in duplicate*)
 - Copy of Information Disclosure Statement filed October 3, 2002 with attached Proof of Receipt from the United States Patent and Trademark Office (5 pgs.)
 - Return post card

STATUS

2. Applicant
- ☐ claims small entity status.
☒ is other than a small entity.

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CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV 459191561 US
Date: April 25, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patrick W. Rasche, Reg. No. 37,916

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
INDEP.		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

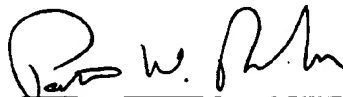
5. Attached is a check in the sum of \$ _____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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